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CASE REPORT OF CAPILLARY HEMORRHAGE

BY LUELLA TRIMMER, R.N.

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Baby born December 24; after reaction from birth took place she had to be worked with several minutes. The usual methods were used: blowing in face, holding by feet, and slapping on chest with cold towel wet with whisky. Baby seemed normal with two exceptions: lips were blue and it was thirty-five minutes before urine was voided. Weight, $8\frac{1}{2}$ pounds.

December 25. In the morning put to breast, ate well, and was strong, as little babies go. Local doctor saw patients and everything seemed all right. That night gave castor oil, 1 drachm, paregoric, 3 drops; bowels well cleared of meconium.

December 26. Put to breast every three hours; temperature at 8 a.m., 98.4. At 3.25 p.m. baby wakened with very peculiar cry and would not nurse. I saw something was wrong. As the New York doctor was due in a half hour I did not call the local doctor. The doctor on arriving found a decided heart murmur, with temperature of 96. He said it was a blue baby and ordered oxygen and an enema of whisky, 30 drops and 1 ounce water. Consulting physician at 10 p.m. took heart beat with stethoscope, 48, respirations 80. He advised bathing the chest with hot mustard and then slapping with hot whisky. Oxygen was given every fifteen minutes for two hours during the night; three enemas of whisky also.

December 27. Baby held its own during night; head slightly drawn back. At 5 a.m. temperature was 99.4, respirations 80. Started vomiting blood at 9 a.m.; at 12 m. the temperature was 103.6, respirations 80. Pulse taken only by physician, still 48. At 5 p.m. temperature 102.6, bright blood from nostril, blood test taken. Dr. K. said she was the youngest patient he had ever taken blood count from. At 8 p.m. blood from bowels, the head still drawn back. At 9 p.m. two local doctors and New York baby specialist in consultation still got the decided heart murmur; temperature 102.2, respirations 80, pulse 48. Horse serum given. Had held her own through the day.

December 28. Held her own through night. Vomited blood, blood from stool and bright blood from nostrils. Oxygen given at intervals during the night. At 4 a.m. temperature 103.2; at 8 a.m. 103.3; at 9.30, very cyanosed and crying, head much drawn back, temperature

104. At 10.25 blood from father given; temperature 104.2, pulse 54, respirations 80; oxygen given continually during the day. Father's blood given in back at either side. Baby reacted nicely from hypodermic.

December 29. At 4 p.m. temperature 101.6, at 8 p.m. 98.6, hemorrhage less, oxygen given freely during the night, slightly cyanosed. 12 p.m. temperature 99, respirations 50. Fed breast milk in alternation with whey every two hours with dropper.

December 30. Baby had a good night; at 4 a.m. respirations 50, temperature 98.4; at 8 a.m. temperature 95.2, body cyanosed. At 9.30 another hypodermic of human blood, temperature 97, pulse 56, reacted nicely; at 12 m. temperature 97, respirations 60; at 4 p.m. respirations 88, temperature 99.4; at 8 p.m. respirations 70, temperature 101.3. Oxygen was given freely during the day.

December 31. Restless night; temperature at 4 a.m. 101.1, respirations 46; at 8 a.m. temperature 100, respirations 82; oxygen still kept up; baby put to breast but showed no desire to nurse. At 12 m. pulse 52, respirations 55, temperature 99.1. At 4 p.m. respirations 80, temperature 100; at 8 p.m. respirations 64, temperature 100.3; at 10.10 p.m. took hold of breast.

When the baby was one week old it had taken two cans of oxygen, had improved and was strong enough to nurse every four hours and to take whey with bottle and nipple. Hemorrhage stopped after second hypodermic of human blood. The child was born with slow heart action. At three months she was strong in every way, pulse 60 to 64 but very regular. The physician said it had been practically impossible to get the fetal heart count during pregnancy.

At five weeks the child developed a peculiar condition: the stools were perfectly white, no jaundice, urine showed no bile, whites of eyes clear, skin slightly yellow. This lasted one week and cleared as quickly as it came. The doctor attributed the condition to suspension of the bile, and said that the longest it had been known to last in this section was two days.

I would like to add a word to nurses in regard to refusing cases. I was very tired and wanted another nurse on this case. We called two that were in, many that were out, and finally had to have the assistance of a practical nurse. I cannot understand why a nurse who has taken three years to train should refuse baby cases. In our section of the country the practical nurse has a strong foothold because the graduate is far too particular as to what cases she will take and where and when she will go.